

Information & Support | Influence & Change



**Improving Social Care**  
Parent Carer Feedback Summary  
*January 2026*

## Improving Social Care Survey January 2026

PACC asked Parent Carers in Shropshire to share their experience of social care and how they feel that their experience could have been improved.

At point of publishing, 61 Parent Carers had completed the survey.

59% of parent carers have a child aged 0-13.



The responses have been broken down into the different age brackets and grouped into themes where possible.

The survey data has been supplemented by case studies from PACC's Community Navigator Service, reflecting key themes in the feedback. This service is part of PACC's Community Support Offer, providing personalised signposting and peer support to Parent Carers / Family Carers in Shropshire. All case studies are current and taken from contact with the Navigator Service within the last six months.

**PACC would like to thank all the Parent Carers / Family Carers who completed the survey and shared their experiences and the Navigator families who gave permission for their experiences to be shared as case studies.**

### 0-13 Years

#### Positive Experiences

- My experience has been second to none, the workers are really helpful and informative.
- My experience is with the Children's Disability Team; they are great. They have big caseloads from what I can understand, do not have enough staff and work exceptionally hard for the children and families they look after. Given the pressures of not enough staffing or funding then it is no surprise that the process of getting extra care can be slower than I would like. However, the reviews are regular i.e. every 6 months or if a crisis arises and extra care goes through panel recommendation.

## Respite/Short Breaks/Direct Payments

- There is no overnight respite that we have been able to access for our son with profound and complex disabilities
- Better short breaks provisions for younger children. Wrap around and holiday clubs are practically non-existent in Shropshire for SEN children. This really needs to be addressed especially for working families
- Reliable respite hours to enable parent carers to have regular breaks.
- We applied for respite but were declined even though we feel at breaking point. Unfortunately, it feels like breaking point isn't enough and you need to be so far past breaking point to get help. Funding is a big issue and unfortunately demand is greater than the funds available
- More respite availability
- Direct payments are difficult to access, poorly explained, and not linked to assessed need. Reimbursements take months, if they happen at all.
- Parents could be trusted more to monitor and spend Direct Payments appropriately. Currently, we are having an almighty battle with JCU and the DP reviewer to release funds to reimburse us for money spent on our child's short break activities, although these have previously been approved by the reviewing officer and funding agreed at panel.

### Case Study 1

At point of contact through PACC's Community Navigator Service, child X is 7 years old, with a diagnosis of Learning Disabilities. Child X is non-verbal and requires supervision at all times. Child X is one of two children with SEND.

Parent Carer contacted PACC due to concerns of the lack of support the family were receiving. Child X is open to Disabled Children's Team and has been requesting support through respite/ short breaks for over 12 months and had contacted their social worker on numerous occasions for updates. Due to a lack of communication, Parent Carer contacted Directors and Assistant Directors of services requesting urgent contact and a meeting. No response was received.

PACC raised this as part of a monthly meeting with Designated Social Care Officer (DSCO) for SEND, contact was immediately made with the Parent Carer, and social worker, to ensure communication and support to be put in place for the family.

## Staffing

- Consistency of staff for the child
- That Social care Shropshire actually do a carers assessment instead of just deciding whether I need help or not. A shortage of social workers should not be the reason why assessments don't go ahead!

- Not enough staff to deal with the number of children now on their caseload. We've just had additional stress booking October provision because the bill from the summer and May half term hadn't been paid either
- That the service is consistent and accountable to parents. We are on our 4th social worker after the first three failed to keep in touch with us despite us contacting both them and their manager repeatedly. SW also knew nothing about carers assessment or how to get any further support.
- Many social workers appear to have limited understanding of SEND law, equality duties, or the realities of caring for a child with complex needs. The standard intervention offered is "have you looked at the Local Offer?", regardless of its relevance. Emails and calls are routinely ignored; casework appears unmanaged.
- The DCT is failing because it has lost sight of its purpose. Families are treated as problems to be managed rather than partners to be supported. Restoring trust requires honesty, training, and external oversight.

### **Communication**

- It would be great if they would communicate effectively.
- Better communication and more proactive staff who don't need to be reminded of your child's existence and their role and duties.
- Disabled children's team having staff who communicate more effectively and team managers who offer support instead of misguided information
- Communicate!!!! I came across PACC by chance and within 20 minutes of my initial email had a response. Within 3 days I was signposted to details of who could help me and spoke to Sharon at Shropshire Council who resolved the issues we had been facing for several months!
- Better communication, more timely response to emails/calls, more Social Workers needed to deal with demand, clearer and more accurate signposting.

### **Information Provision**

- Clear information about services available.
- Clear information about Direct Payments on the local offer webpage for children's services is needed.

## Case study 2

At point of contact through PACC's Community Navigator Service, child is 6 years old.

Parent Carer contacted PACC to understand how to access support. Parent Carer rarely gets sleep, is providing support at all times to the children who cannot be left unsupervised. Child X is non-verbal, has a diagnosis of autism and global development delay. It is also suspected that child X has Arfid. Child X requires supervision at all times due to no safety awareness. Child X also has a sibling with SEND and complex needs. Parent Carer has no family support and struggles to access community activities.

The family were assigned and Early Help worker who provided low level support to the family for 12 weeks (This involved visiting the children at school and checking in with Parent Carer via telephone calls) this was then stopped, with no further support in place. Parent Carer was not made aware of The Disabled Children's Team, or signposted to any additional support at the point of the case being closed to Early Help.

### Accessibility

- I have no idea how to access it
- I do not know what support is available
- I'd like it to be easier to access support. Direct payments and carers assessments seem hard to get.
- I'm not aware of support of any kind I've never been offered it
- Knowing what's available and who to contact when support is needed
- We have been declined any additional support, we as a family lack any time together as we have to work while the other is with our child we can't leave him with others as there is a lack of understanding. Days out are difficult as this is when he struggles more, he then lacks gaining the experiences other children and parents take for granted. There's no after school clubs as he attends a specialist school. Often parents are not fully aware of what help is out there, what they can access the LA are incredibly unsupportive. So, in answering this question Shropshire social care could be improved by more people needing this service being able to access because it could make a real difference.

### Feeling Supported/Understood

- To actually support us.
- More access and more acceptance of parents lived experience. The barriers to accessing support have been continuous. A breakdown in my mental health finally led to a child in need plan but except for family support worker helping me with

decluttering, no support has been offered. My son is struggling both inside and outside of school but despite me asking for support and my therapist supporting the request, I've been told various things such as I was too late in asking for the summer holiday support, the social care assessment doesn't show need for short breaks (it was done over 12 months ago!) I feel like I have to get to absolute breaking point before anyone will help and that's exactly what I don't want for my children to see!

- Actually, provide help when you are desperate for it!
- Access to it
- By being given some direction and support from the day of diagnosis
- By providing support to all the amazing fostering carers and by treating them as equal professionals.
- The prevailing attitude towards parents is mistrust and blame. Families who ask for lawful support are treated as difficult or risky.
- The fixation on "seeing the child alone" reflects a safeguarding culture detached from disability awareness and can retraumatise children who do not understand why they are being questioned.

### Case study 3

At point of contact through PACC's Community Navigator Service, child is 7 years old, has a diagnosis of ADHD and is awaiting an assessment for Autism. Child X has been on a reduced timetable for a majority of their time at school, requiring 2:1 support to access the school environment. For 14 months Parent Carer has been requesting alternative provision for the days child X is not in school.

Child X has a social worker through DCT. The family receive no support. Direct Payments have not been explored and Parent Carer contacted PACC to find out what support the family could access.

### Case study 4

At point of contact child is 14 years old and has a diagnosis of Down Syndrome.

Parent Carer contacted FPOC to request an assessment through The Disabled Children's Team to access funding for a Personal Assistant, in line with PFA outcomes, to support to access the community and to increase confidence and independence. The Early Help Assessment questionnaire was emailed to Parent Carer to complete. Following completion Parent Carer received communication from Early Help that her son had been discussed at the "*Multi Agency Disabled Childrens Team Triage and it has been agreed in the first instance for a referral to the Early Help and Support Team to help identify, following their intervention, if there is an ongoing need*".

Despite meeting the threshold for assessment due to disability and only being able to access direct payment for a Personal Assistant via The Disabled Children's Team, Parent Care is now having to appeal this decision to access appropriate support.

- There is no proactive help to recruit or retain PAs, and no link between respite provision and family wellbeing

### **EHCPs**

- More accountability of social care needed e.g. social care part of EHCP annual review is a vital part where social worker plays an important part of the process and maybe a questionnaire could follow up on parent carer views and the feedback be shared to see what's gone well or not so good and why.
- Easier manoeuvrability with the EHCP - more specific in its goals and achievements

### **Other**

- More available in Oswestry
- Support financially! More childcare settings with people that are actually trained. More flexibility at mainstream schools, a chance for families to have a holiday and rest in school time without being fined! Mainstream schools are taking children on holiday that cost a fortune, but families can't take their own children out of school time when it's quiet and more affordable.
- Assessments could be more integrated. For example, if a child has recently been assessed for an EHCP, the information gathered could be automatically shared with the DCT, instead of the same professionals being approached repeatedly by different teams for the same information. This would speed up assessment times and alleviate stress for parents and children.
- Actio wasn't simple to join and now provision is going to move elsewhere. It's frustratingly complicated and I just want my kids to be able to continue with their activities without complications and extra stress.
- More proactive instead of taking notes writing reports then leaving parents and children on the shelf not knowing what is happening.
- There are no trauma-informed practice and no understanding of the emotional load of raising disabled children.
- Child in Need (CiN) plans are not co-produced with families
- Parent Carer Needs Assessments (PCNAs) are not completed at all, despite being a statutory requirement under section 97 of the Children and Families Act 2014.

- Advocacy is rarely offered even for children who clearly meet the criteria.

### **Case Study 5**

At point of contact through PACC's Community Navigator Service, child is 7 years old, has a diagnosis of autism and behaviours that challenge. Child has been on a reduced timetable for 12 months due to school stating they are unable to meet needs. Parent Carer has received no support from the Local Authority to explore an alternative placement.

Parent Carer contacted to discuss concerns of the lack of support that the family are receiving. Parent Carer had previously contacted Early Help and was told that they do not meet the criteria for support and was signposted to the Local Offer.

## **14-17 Year Olds**

### **Accessibility**

- Much more cohesion is needed. It is unclear what is available, how to access what is available and who to ask for help. Everything in one place for the county would be so useful
- Easier access to respite and activities
- My experience is with Early Help. It is difficult to even get the help to begin with as my family was literally going through trauma (son was self-harming, suicidal ideation and not attending school due to bullying and autistic burnout from masking) I had been a SENCO in a nursery prior to having children so had knowledge of child development and neurodiversity. We were basically sign posted to do courses which when you are struggling with time both working and have two children (daughter also still awaiting assessment) is not something you have spare especially when dealing with a child in turmoil and 2nd child is witnessing it no matter how hard you are trying to protect her.
- One list of what is actually available out there.

### **Communication**

- More communication, more skilled staff who can coordinate and provide appropriate support and interventions for my child, earlier links with PFA work and adults' teams - for those kids who will definitely require adult social care intervention. More accountability and joined up thinking between teams. More knowledge of what is available to support my child, without me having to tell them!

- Communication needs to improve. Social workers need to follow through with actions they promise.
- Better communication. Very nice once you get to talk to the social worker but recently spent nearly a month messaging and calling before she got back to us.

### **Direct Payments/Short Breaks**

- We have good and effective support from direct payments. We don't have a copy of the short break plan, so whilst we know they are working in practice, I've no idea if they are meeting what was recorded as the assessed needs. I'm guessing they are.
- In terms of non-assessed support, AFC holiday clubs remain potluck if we are or aren't allocated, this provides opportunities for time in the community, with peers, independent of family, which I feel is really important. We are accessing support from alternative providers.
- The short break reviews haven't been regular and short break plans haven't been shared. However, that said we have sufficient personal budget paid via a calculation of direct payments (which seems odd that it's calculated by PA hours when we have flexibility to use it for activities), the budget is sufficient to be used flexibility to meet daughters needs and ours as parent carers.
- Better overnight respite provision which caters for those with complex needs and challenging behaviour. This is not available in current contracts.
- Direct Payments are dysfunctional - I was offered Direct Payments, but the system is unworkable. Payments are delayed for months, reimbursement requests ignored, and hourly rates for PAs are set far below market value. Instead of empowering families as intended under Section 17A of the Children Act 1989 and the Direct Payments Regulations 2009, they are used as a tool of control. Parents are left unpaid, unsupported, and blamed for administrative failings beyond their control

### **EHCPs**

- If social care were linking in with the outcomes in the EHCP, they would realise the EHCP has not been updated for a number of years. School is working from the annual review paperwork and proposed changes as agreed by school and ourselves in the annual review.
- No social care input in EHCPs. My child's Education, Health and Care Plan (EHCP) has no meaningful social care provision. Sections H1 and H2 — which should specify and quantify support are left blank or filled with generic wording like "support as required." This is unlawful under Section 37(2) of the Children and Families Act 2014 and the SEND Code of Practice (paras 9.69–9.73). Without clear

provision, there is no accountability, no respite, and no practical help for families. My child is 17 and has never had a Preparation for Adulthood (PfA) plan.

### **Feeling Supported/Understood**

- Early Help need to actually engage with the young person to understand the challenges. Be gentler around deadlines- it's hard enough to ask for help. Realise the parent carers are already stressed, that's why they are seeking help. Recognise parent carers may mask too. Talk to other agencies who know the family.
- We found Early Help of no use at all. Our keyworker had no understanding of ASD and PDA. She also had no understanding of suicidal ideation and was quite dismissive of my younger son's needs and tried to close our case when we were in crisis and needed escalating not closing. Both schools raised a complaint about how the keyworker behaved in a review meeting. I thought we had been transferred to the Disabled Child's Team but we are now under the Child in Need Team. We are on our 4th social worker in 18 months and still not really receiving the right kind of support in my opinion. Our current social worker is very kind and definitely cares but does not have the time to provide the right support. We've also been told there are no keyworkers in the team so no one can do the work with the boys which has been highlighted as being required. Our last social worker also tried to close our case in April this year even though we were in a worse position than when we first went onto a Child in Need plan. I was the one that requested support from social services as a last resort as we just couldn't cope any more. The only good thing to come out of it has been access to Havenbrook one weekend a month for a few hours each day. Overall, I have found the services from Shropshire Social Care inadequate and at times they have actually made things worse or added to my stress rather than reducing it.
- Not being made to feel like it was unnecessary to do a carers assessment when I asked for help, and they concentrated on assessing my daughter. Also saying she's entitled to support but then making the offer so narrow it didn't support us at all.
- Less parent blame and suspicion. Assistance with things such as mental capacity assessments, grants etc. They should be more available when needed, but not in our faces for no good reason.
- The Early Help worker thought the best idea was to try to get my son to go back to school even though this was the trigger to physical symptoms of raised blood pressure and heart rate due to a trauma response we couldn't even drive near the school without him having this response. She didn't gain a relationship with him at all he didn't engage with her and I have never ever seen him be rude or not talk to an adult but with her due to trying to force him to school he wouldn't even acknowledge her without being told and would give one word answers. She hinted that she thought he was arrogant (which isn't even in his nature) he is highly

intelligent and challenged her regularly to give reason why she was telling him things, and he would counter argue with a response she couldn't answer. She went into school to see my daughter and kept telling us she was doing fine even though I told her we suspected and had done for a long time she had Autism and masking (as girls do) we wanted help to get school to refer we wanted support, but she said ELSA at school was enough and she seemed ok. She wasn't ok and 2 years later we are still dealing with the aftermath, and she has now started secondary school with the trauma of what happened to her brother being carried with her adding to her own school anxiety. Also, school also realised in year 6 what we had been saying all along and did a referral to BEEU she is now on a two year waiting list and struggling to attend she and extremely distressed more than we have ever seen. The Early help worker and primary school were of the opinion that because my son was neurodiverse, she was maybe picking up on his ways even though they were told she displays completely differently. We were discharged from Early Help as apparently they had given all the help they could which from our opinion was cause more stress, ignored what they were being told and to advise courses and signpost us to contact other people. We needed practical help and support we which didn't receive it was a complete waste of time and effort and left us and my children feeling let down.

- By listening to what Parent Carers need to help them Care for their Child

### **Case Study 6**

Child X is 15 years old with a diagnosis of ASD with a PDA profile and SEMH needs. Child X waited an additional 5 months for mental health support due to BeeU not processing information appropriately. Child X is socially isolated due to activities for mainstream not being suitable and activities for SEND being unsuitable. Child X requires prompting and support for all aspects of life.

Parent Carer has previously raised a need for support for child X at annual review but has waited 12 months and still not received an up-to-date plan. Social Care information was changed by the plan writer and replaced with a generic sentence that was inappropriate and not person-centred.

Parent Carer has no support for Child X. Parent Carer contacted FPOC and was signposted to Early Help to complete an assessment. The assessment paperwork was sent to PC to complete. Early Help were not able to provide the support required. Parent Carer was informed by Early Help that child X had been to panel and accepted by Disabled Children's Team. Contact and updates have been regular from social care but inadequate contact from EHCP Team.

### **Staffing**

- Consistency in Social Workers - not keep reallocating. Offer as routine Carers Assessments for Parent Carers

- Leadership failures – protecting reputation over children. Leadership within Children’s Services has become defensive and self-protective. Rather than learning from mistakes, managers appear focused on protecting the reputation of social workers and the service at any cost.

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*I’m 17 and I’ve had social workers from the Disabled Children’s Team for about four years. In all that time, I’ve never had proper preparing-for-adulthood support or a real plan for my future. What I’ve had is a lot of strangers coming to the house, asking to see me on my own in my bedroom. It’s awkward and invasive. My room is my private space, but it doesn’t feel like mine anymore. The social workers have lied to me and made mistakes in my EHCP. They wrote things that weren’t true and left in stuff that was embarrassing. Then they changed social workers again, like they always do, and nothing ever happened. They’ve even turned up at my school without warning, showing their badges and telling staff they were there to see me. Everyone could hear, and it was humiliating. It made me feel like I’d done something wrong when I hadn’t. I’ve tried to complain, but nobody listened. My messages were ignored. I only got an advocate this year, after four years, and she’s the first person who’s actually helped. She’s now helping me write a complaint because all the ones I made myself were ignored by the social workers. Last year I was supposed to start sixth form, but two days before term started, the Council said they wouldn’t provide transport after all. I couldn’t get there, and I lost my place. No one apologised or helped me find something else. I’ve also never been able to use my direct payments properly because they never sorted it out. It feels like everything they’re supposed to do just gets forgotten about. If they really want to improve, they need to stop lying, stop changing workers all the time, and actually do what they say they will. They need to respect people’s privacy and not embarrass us at school. Talk to us about our futures and help us make them happen. We’re not files or problems to be managed - we’re people trying to get a fair chance.*

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- I am the parent of a 17-year-old with complex disabilities who has grown up in Shropshire with no meaningful support from the Disabled Children’s Team (DCT). Despite years of involvement, meetings, and promises, my family has received no practical help, no lawful assessment, and no preparation for adulthood. I have never had a Parent Carer Needs Assessment (PCNA) under Section 97 of the Children and Families Act 2014. Every time I have asked, I’ve been told that a Child in Need (CIN) assessment “covers it.” That is incorrect and unlawful. A PCNA must focus on the parent’s needs and wellbeing — how to maintain care safely, access support, and sustain family life. By failing to carry out PCNAs, Shropshire Council

has denied parent carers their statutory rights and left us without respite or meaningful help.

- The CIN process is adversarial and unhelpful. CIN meetings have been stressful and unproductive. There are no agendas, no accurate minutes, and no opportunity to correct false information. Parents are asked to sign plans we have never seen in draft. The tone is critical and monitoring-based rather than supportive. When parents challenge mistakes, they are branded as “non-engaging. The entire process feels designed to control rather than assist. This is not partnership working, it is institutional gaslighting, contrary to Working Together 2023, which emphasises co-production and transparency.

### Case Study 7

At point of contact through PACC’s Community Navigator Service, child is 15 years old and has a diagnosis of Autism.

Parent Carer contacted PACC’s Community Navigator Service to understand what support was available to their family. Parent Carer contacted FPOC and requested support through The Disabled Children’s Team. Parent Carer was sent an Early Help Assessment to complete, with no offer of help or information of what to include.

Parent Carer was informed that Early Help was the most appropriate route for support, with no reasoning for this. Parent Carer had to repeatedly chase for information and updates over a 6-month period.

PACC raised this as a case study with Early Help at The Local Authority, and Parent Carer still waited an additional 6 weeks with no contact.

PACC raised concerns with Designated Social Care Officer (DSCO) for SEND who contacted the Parent Carer.

### 18-25 Year Olds

- Follow up on requests for respite/short breaks.
- Consistent ongoing input
- Follow legislation! stop making up your own laws!
- Less fighting for services pre 18yrs. Transition to post 18yrs had no fighting?
- It is better now but previously the lack of communication was unbelievable- when in need of support we had no response from the particular social worker involved.
- I’m sure this is a similar situation across the country. I now have adult SEND children but for us the lack of support for my children and us as a family has been

- a continuous factor in our journey over the years. I'm not sure where to start re improving the system. My husband and I have pretty much navigated things ourselves thanks to our expertise in health and education. For us we would have benefited from an advocate. Someone to counsel us as a family. Someone to guide us through the process of being told our child has special needs and what that means. To be given resources at the beginning of our journey instead of scrambling around for information. We would have benefited from a pack of information to read through, a contact number of someone to call. A clear pathway of what happens next. Early intervention instead of being told my children wasn't severe enough. Constantly being told there's no resources, having to fight and appeal for funding for a TA at school. The key here is to not only listen to parents but to be open to change, being proactive instead of reactive. To be honest the system hasn't worked for us, and the frustration for us has always been that we knew what we needed but it simply wasn't provided, leaving a traumatised adult for us to care for
- A joined-up approach between Health, Education and Social Care. Our experience was our young man was diagnosed at 3 by CDC and treated by Health as having Learning Disabilities. Because we made the decision very early on for him to go to Mainstream School despite being offered Severndale. That triggered 15 years of fighting with Social Care. With his learning disabilities only being recognised at PFA stage 14-25 age group.

### Case Study 8

At point of contact, young person is 18 and has a diagnosis of Autism.

Family Carer contacted PACC as following assessment, the young person's Care Plan had numerous inaccuracies. This was raised when the plan was received but after 3 months there had been no communication or timescale given of when the plan would be updated.

Family Carer was also concerned as they had been informed by the Social Worker that the case was being closed as the young person did not need support as they were able to speak at a public event. Social Care had not considered the support from peers that the young person was receiving through voluntary organisations, or the amount of support the family had provided the young person to achieve this outcome.

## Summary of Key Themes and Recommendations

### Summary

There are clear themes throughout the feedback that highlight key issues with the provision of Social Care support for Shropshire families supporting SEND children and young people.

All age groups highlight issues with sufficiency and the lack of Short Breaks opportunities, to provide Parent Carers with a break and enable them to meet wider family and work commitments. This includes support at all levels, from specialist overnight Short Breaks to breakfast and afterschool clubs which are accessible to all children and young people with SEND. PACC is aware that while recently local authorities received additional money to increase the availability of this school-based support, there was little consideration given to how this might impact and improve support for the local SEND community. This is an example of the disconnect in the system that was also talked about.

It is recognised that the recent recommissioning of All In, the overnight specialist service at Bradbury House and the specialist community support offer is positive, it should be acknowledged however that the level of offer across a large predominantly rural area is limiting and impacts the wellbeing and quality of life of Parent Carers, Family Carers and children and young people with additional needs. Short Breaks are well evidenced as playing a key role in enabling both Parent Carers / Family Carers and children and young people with disabilities to achieve positive life outcomes.

Families identify a need for practical help; support that lightens their load, provides opportunities for young people with SEND to grow and learn and is there when they need it. Many tell PACC that signposting to parenting courses and time limited support, does not deliver the help they need.

Another issue repeatedly raised is the lack of accessible information about the Shropshire Social Care offer. Parent Carers / Family Carers repeatedly report being unclear about how to access support from Social Care and not understanding what is available. This makes planning for the future particularly difficult. Poor communication exacerbates this, with reports of emails and telephone calls not being responded to in a timely way causing distress, frustration and escalation of need. Families repeatedly tell PACC that poor communication and information provision is one of the biggest challenges they face across the system. Many of the families that the PACC Navigator Service speaks to have little understanding of the Social Care system and how it could support them, even when they are supporting a child or young person is likely to have life long care needs and will be eligible for Adult Social Care support.

Increasing research is evidencing the impact of raising a child with a disability has on Parent Carers wellbeing and mental health. Birmingham University's project 'More than a Parent'

found that 41% of parent carers had thought about suicide; but less than half had ever told anyone or sought help. The project stated:

*“Parents caring for children with a wide range of conditions – including physical disabilities, developmental disabilities, autism and ADHD, mental illness, and rare genetic conditions, just to name a few – are all at risk of suicide. And so, the changes we’re calling for will benefit all disabled children and their families.”*

<https://www.birmingham.ac.uk/about/college-of-social-sciences/policy-engagement/parent-carers>

We are also understanding more about the impact on Parent Carers / Family Carers of having to navigate a disjointed and adversarial support system. Cerebra’s recent report ‘System Generated Trauma – when asking for help causes harm’ highlights and evidences this impact

*“Systems Generated Trauma is the harm caused by the policies and practices of the public services that disabled children and their families are forced to navigate. While often unintentional, this harm stems from deep-rooted problems that turn the act of seeking help into an ordeal.”*

<https://cerebra.org.uk/systems-generated-trauma/>

It is essential that the Shropshire Social Care system at all levels, recognises this impact and actively works to reduce this, ensuring that when Parent Carers / Family Carers ask for help they are met with empathy, understanding and offered accurate information and effective support. The PACC Navigator Service sees a worrying level of inappropriate responses to request for support, practice that is not in line with statutory guidance and legislation, as highlighted in the case studies included in this report.

Overall, the feedback suggests a worrying culture within the Shropshire Social Care system, which sees Parent Carers/ Family Carers requesting help as a failure, rather than a consequence of the often overwhelming impact of raising a child with SEND and a genuine need for help.

## **Recommendations**

1. Work with the SEND community to review the Shropshire Social Care system’s approach to supporting disabled children and their families, considering how it aligns to the Working Together to Safeguard Children Guidance, considering how the social care offer;
  - ensures disabled children achieve the best possible outcomes
  - enables Parent Carers / Family Carers to continue in their caring role where that is right for the child

- safeguards disabled children in cases where there is abuse, neglect, and exploitation
  - ensures that appropriate practical support is in place to enable disabled children and their families to thrive
2. Co-produce transparent and accessible information about the Shropshire Social Care offer, ensuring that Parent Carers / Family Carers understand what support is available for different levels of need and how to access it.
  3. Improve the understanding within Shropshire Social Care teams of the challenges faced by Parent Carers / Family Carers when trying to navigate the support system and how this impact family wellbeing, so that when SEND families ask for help, they feel heard and understood, not blamed and ignored.